

(1) PLACE OF BIRTH

County of SpokaneTownship of Beech Springsor
Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 40008

File No.—For State Registrar Only

32195

Registered No. 97
(For use of Local Registrar)(No. St.; Ward)
If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Francis Nobel Bruce

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl(4) Twin or Triplet? No(5) Number in order of birth 1(6) Are Parents Married? Yes(7) DATE OF BIRTH Sept 15 1922

(Name) (Month) (Day) (Year)

FATHER.

(8) FULL NAME George Bruce(9) PRESENT POSTOFFICE OF FATHER Wellford R. 7 D.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 37 (Years)(12) BIRTHPLACE Green(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 3

MOTHER.

(15) NAME BEFORE MARRIAGE Emmie Wingo(16) PRESENT POSTOFFICE OF MOTHER Green(17) COLOR OR RACE White(18) AGE AT LAST BIRTHDAY 27 (Years)(19) BIRTHPLACE Green(20) OCCUPATION Housework(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 11.9 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) McKendrick

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Sept 22 1922 (28) J. C. Moore

Local Registrar.

When there was no attending physician or midwife, then the father, household, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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